

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

0 / 547200

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	I					
2		I				
3		I				
4	C	C				
5		I				
6		I				
7		I				
8	X	X				
9						
10		I				
11	X	X				
12	X	X				
13		I				
14		I				
15	X	X				
16	X	X				
17		I				
18		I				
19	X	X				
20	X	X				
21		I				
22	C	C				
23	I					
24		I				
25		I				
26		I				
27	X	X				
28	X	X				
29		I				
30	C	C				
31		I				
32		I				
33		I				
34	X	X				
35	X	X				
36		I				
37		I				
38	C	C				
39		I				
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49						
50						
TOTAL IND.	2	↓		↓		↓
TOTAL DEP.	21	←		←		←
TOTAL CLAIMS	23					

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						